Racial differences in anticoagulation treatment. From a view point of optimal INR with warfarin

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The J-RHYTHM Registry is a prospective nationwide investigation for the optimal intensity of anticoagulation treatment in Japan. During two-year follow-up period, thromboembolic events occurred in 3.0% of non-warfarin group, and in the warfarin group, the incidence of thromboembolic events decreased as the INR value increased, and was significantly lower in warfarin group than in the non-warfarin group. According to investigation of INR values, 1.6 ≦ was effective at reducing the frequency of thromboembolic events, however the major hemorrhagic events increased as the INR value of increased. Especially in elderly patients (>70) with non-valvular AF (NVAF), the risk of thromboembolic events was lowest at an INR of 1.6 to 2.99, but at an INR ≧ 2.6, the risk of hemorrhagic events was 4-hold higher than that of non-warfarin group. These findings suggested that optimal INR values for Japanese elderly patients with NVAF was 1.6 to 2.6, shown as Japanese Guidelines. We also evaluated remaining 407 Japanese patients with valvular AF (VAF). Increasing INR values decreased the incidence of thromboembolic events and increased the incidence of hemorrhagic events same as patients with NVAF. And finally we reported that to avoid major hemorrhage and minimizing thromboembolic events, INR values 1.6 to 2.6 should be recommended in Japanese VAF patients. It's important that the optimal range of INR for Japanese and Asians might be lower than for non-Asians There seems to be obvious racial difference in clinical responses to oral anticoagulants,